FACILITY NAME AND PERMIT NUMBER:
Birch Hill WI-0030579-3

2/23/11

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

# NPDES FORM 2A APPLICATION OVERVIEW

## APPLICATION OVERVIEW

**Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.**

### BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

### SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

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# BASIC APPLICATION INFORMATION

## PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

**All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.**

**A.1. Facility Information.**

Facility name: Birch Hill Stabilization Lagoon

Mailing Address: 54173 Birch St. Odanah, WI 54861
P.O. Box 39

Contact person: Patrick Hunt

Title: Manager

Telephone number: 715-685-7878

Facility Address (not P.O. Box): Birch Hill Road

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name:

Mailing Address:

Contact person:

Title:

Telephone number:

**Is the applicant the owner or operator (or both) of the treatment works?**

____ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

✓ facility ____ applicant

**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

| | | | |
|---|---|---|---|
| NPDES | WI-0036579-3 | PSD | |
| UIC | | Other | |
| RCRA | | Other | |

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

| Name | Population Served | Type of Collection System | Ownership |
|---|---|---|---|
| Birch Hill | 300 | Gravity | Bad River Utilities |
| | | | |
| | | | |

**Total population served** 300

**A.5. Indian Country.**

a. Is the treatment works located in Indian Country?

✓ Yes ____ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

✓ Yes ____ No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 22,000 mgd

| | Two Years Ago | Last Year | This Year | |
|---|---|---|---|---|
| b. Annual average daily flow rate | 15,200 | 18,900 | 15,750 | mgd |
| c. Maximum daily flow rate | N/A | N/A | N/A | mgd |

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

| | |
|---|---|
| ✓ Separate sanitary sewer | 100 % |
| ____ Combined storm and sanitary sewer | ____ % |

**A.8. Discharges and Other Disposal Methods.**

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes ____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

| | |
|---|---|
| i. Discharges of treated effluent | 1 |
| ii. Discharges of untreated or partially treated effluent | — |
| iii. Combined sewer overflow points | — |
| iv. Constructed emergency overflows (prior to the headworks) | — |
| v. Other ____ | — |

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: ____

Annual average daily volume discharged to surface impoundment(s) ____ mgd

Is discharge ____ continuous or ____ intermittent?

c. Does the treatment works land-apply treated wastewater? ____ Yes ✓ No

If yes, provide the following for each land application site:

Location: ____

Number of acres: ____

Annual average daily volume applied to site: ____ Mgd

Is land application ____ continuous or ____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method _____ continuous or _____ intermittent?

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**WASTEWATER DISCHARGES:**

**If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."**

**A.9. Description of Outfall.**

a. Outfall number 001

b. Location
Birch Hill (City or town, if applicable) 54861 (Zip Code)
Ashland (County) WI (State)
(NW 1/4 of NE 1/4 of Sec. 36, T47N, R2W) (Latitude) (Longitude)

c. Distance from shore (if applicable) N/A ft.

d. Depth below surface (if applicable) N/A ft.

e. Average daily flow rate 15,750 ~~15,750~~ mgd

f. Does this outfall have either an intermittent or a periodic discharge? ✓ Yes ____ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: 1

Average duration of each discharge: 7 days

Average flow per discharge: 300,000 or 6" per day mgd

Months in which discharge occurs: May 2010

g. Is outfall equipped with a diffuser? ✓ Yes ____ No

**A.10. Description of Receiving Waters.**

a. Name of receiving water Birch Hill Swamp

b. Name of watershed (if known) N/A

United States Soil Conservation Service 14-digit watershed code (if known): N/A

c. Name of State Management/River Basin (if known): N/A

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A

d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs

e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of $CaCO_3$

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**A.11. Description of Treatment.**

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

____ Advanced ____ Other. Describe: ____

b. Indicate the following removal rates (as applicable):

| | |
|---|---|
| Design $BOD_5$ removal or Design $CBOD_5$ removal | 85 % |
| Design SS removal | 65 % |
| Design P removal | N/A % |
| Design N removal | N/A % |
| Other ____ | ____ % |

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

None

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes ✓ No

d. Does the treatment plant have post aeration? ____ Yes ✓ No

**A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.**

Outfall number: 001

| PARAMETER | MAXIMUM DAILY VALUE | | AVERAGE DAILY VALUE | | |
|---|---|---|---|---|---|
| | Value | Units | Value | Units | Number of Samples |
| pH (Minimum) | N/A | s.u. | | | |
| pH (Maximum) | N/A | s.u. | | | |
| Flow Rate | | 300,000 gpd | | | |
| Temperature (Winter) | N/A | | | | |
| Temperature (Summer) | N/A | | | | |

* For pH please report a minimum and a maximum daily value

| POLLUTANT | | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|---|---|---|---|---|---|---|---|---|
| | | Conc. | Units | Conc. | Units | Number of Samples | | |
| **CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.** | | | | | | | | |
| BIOCHEMICAL OXYGEN DEMAND (Report one) | BOD-5 | | | 13 | mpL | 1 | SM5210-B | |
| | CBOD-5 | | | | | | | |
| FECAL COLIFORM | | | | 1850 | MPN-100 mLs | 1 | SM9223-B | |
| TOTAL SUSPENDED SOLIDS (TSS) | | | | 18 | mpL | 1 | SM 2540-D | |

**END OF PART A.**
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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# BASIC APPLICATION INFORMATION

## PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ____No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

| Implementation Stage | Schedule MM / DD / YYYY | Actual Completion MM / DD / YYYY |
|---|---|---|
| – Begin construction | ___/___/_____ | ___/___/_____ |
| – End construction | ___/___/_____ | ___/___/_____ |
| – Begin discharge | ___/___/_____ | ___/___/_____ |
| – Attain operational level | ___/___/_____ | ___/___/_____ |

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

**B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number:_____

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|---|---|---|---|---|---|---|---|
| | Conc. | Units | Conc. | Units | Number of Samples | | |
| **CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.** | | | | | | | |
| AMMONIA (as N) | | | | | | | |
| CHLORINE (TOTAL RESIDUAL, TRC) | | | | | | | |
| DISSOLVED OXYGEN | | | | | | | |
| TOTAL KJELDAHL NITROGEN (TKN) | | | | | | | |
| NITRATE PLUS NITRITE NITROGEN | | | | | | | |
| OIL and GREASE | | | | | | | |
| PHOSPHORUS (Total) | | | | | | | |
| TOTAL DISSOLVED SOLIDS (TDS) | | | | | | | |
| OTHER | | | | | | | |

**END OF PART B.**
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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# BASIC APPLICATION INFORMATION

## PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

**Indicate which parts of Form 2A you have completed and are submitting:**

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

## ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Patrick Hunt Manager

Signature: Patrick Hunt

Telephone number: 715-685-7878

Date signed: 2-23-11

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

**FACILITY NAME AND PERMIT NUMBER:**

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# SUPPLEMENTAL APPLICATION INFORMATION

## PART D. EXPANDED EFFLUENT TESTING DATA

**Refer to the directions on the cover page to determine whether this section applies to the treatment works.**

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | | ANALYTICAL METHOD | ML/ MDL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | Number of Samples | | |
| **METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.** | | | | | | | | | | | |
| ANTIMONY | | | | | | | | | | | |
| ARSENIC | | | | | | | | | | | |
| BERYLLIUM | | | | | | | | | | | |
| CADMIUM | | | | | | | | | | | |
| CHROMIUM | | | | | | | | | | | |
| COPPER | | | | | | | | | | | |
| LEAD | | | | | | | | | | | |
| MERCURY | | | | | | | | | | | |
| NICKEL | | | | | | | | | | | |
| SELENIUM | | | | | | | | | | | |
| SILVER | | | | | | | | | | | |
| THALLIUM | | | | | | | | | | | |
| ZINC | | | | | | | | | | | |
| CYANIDE | | | | | | | | | | | |
| TOTAL PHENOLIC COMPOUNDS | | | | | | | | | | | |
| HARDNESS (AS $CaCO_3$) | | | | | | | | | | | |
| Use this space (or a separate sheet) to provide information on other metals requested by the permit writer. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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|---|---|

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | | ANALYTICAL METHOD | ML/ MDL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | Number of Samples | | |
| **VOLATILE ORGANIC COMPOUNDS.** | | | | | | | | | | | |
| ACROLEIN | | | | | | | | | | | |
| ACRYLONITRILE | | | | | | | | | | | |
| BENZENE | | | | | | | | | | | |
| BROMOFORM | | | | | | | | | | | |
| CARBON TETRACHLORIDE | | | | | | | | | | | |
| CLOROBENZENE | | | | | | | | | | | |
| CHLORODIBROMO-METHANE | | | | | | | | | | | |
| CHLOROETHANE | | | | | | | | | | | |
| 2-CHLORO-ETHYLVINYL ETHER | | | | | | | | | | | |
| CHLOROFORM | | | | | | | | | | | |
| DICHLOROBROMO-METHANE | | | | | | | | | | | |
| 1,1-DICHLOROETHANE | | | | | | | | | | | |
| 1,2-DICHLOROETHANE | | | | | | | | | | | |
| TRANS-1,2-DICHLORO-ETHYLENE | | | | | | | | | | | |
| 1,1-DICHLOROETHYLENE | | | | | | | | | | | |
| 1,2-DICHLOROPROPANE | | | | | | | | | | | |
| 1,3-DICHLORO-PROPYLENE | | | | | | | | | | | |
| ETHYLBENZENE | | | | | | | | | | | |
| METHYL BROMIDE | | | | | | | | | | | |
| METHYL CHLORIDE | | | | | | | | | | | |
| METHYLENE CHLORIDE | | | | | | | | | | | |
| 1,1,2,2-TETRACHLORO-ETHANE | | | | | | | | | | | |
| TETRACHLORO-ETHYLENE | | | | | | | | | | | |
| TOLUENE | | | | | | | | | | | |

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| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | | ANALYTICAL METHOD | ML/ MDL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | Number of Samples | | |
| 1,1,1-TRICHLOROETHANE | | | | | | | | | | | |
| 1,1,2-TRICHLOROETHANE | | | | | | | | | | | |
| TRICHLORETHYLENE | | | | | | | | | | | |
| VINYL CHLORIDE | | | | | | | | | | | |
| Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer. | | | | | | | | | | | |
| | | | | | | | | | | | |
| **ACID-EXTRACTABLE COMPOUNDS** | | | | | | | | | | | |
| P-CHLORO-M-CRESOL | | | | | | | | | | | |
| 2-CHLOROPHENOL | | | | | | | | | | | |
| 2,4-DICHLOROPHENOL | | | | | | | | | | | |
| 2,4-DIMETHYLPHENOL | | | | | | | | | | | |
| 4,6-DINITRO-O-CRESOL | | | | | | | | | | | |
| 2,4-DINITROPHENOL | | | | | | | | | | | |
| 2-NITROPHENOL | | | | | | | | | | | |
| 4-NITROPHENOL | | | | | | | | | | | |
| PENTACHLOROPHENOL | | | | | | | | | | | |
| PHENOL | | | | | | | | | | | |
| 2,4,6-TRICHLOROPHENOL | | | | | | | | | | | |
| Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer. | | | | | | | | | | | |
| | | | | | | | | | | | |
| **BASE-NEUTRAL COMPOUNDS.** | | | | | | | | | | | |
| ACENAPHTHENE | | | | | | | | | | | |
| ACENAPHTHYLENE | | | | | | | | | | | |
| ANTHRACENE | | | | | | | | | | | |
| BENZIDINE | | | | | | | | | | | |
| BENZO(A)ANTHRACENE | | | | | | | | | | | |
| BENZO(A)PYRENE | | | | | | | | | | | |

| FACILITY NAME AND PERMIT NUMBER: | Form Approved 1/14/99<br>OMB Number 2040-0086 |
|---|---|

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | | ANALYTICAL METHOD | ML/ MDL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | Number of Samples | | |
| 3,4 BENZO-FLUORANTHENE | | | | | | | | | | | |
| BENZO(GHI)PERYLENE | | | | | | | | | | | |
| BENZO(K)FLUORANTHENE | | | | | | | | | | | |
| BIS (2-CHLOROETHOXY) METHANE | | | | | | | | | | | |
| BIS (2-CHLOROETHYL)-ETHER | | | | | | | | | | | |
| BIS (2-CHLOROISO-PROPYL) ETHER | | | | | | | | | | | |
| BIS (2-ETHYLHEXYL) PHTHALATE | | | | | | | | | | | |
| 4-BROMOPHENYL PHENYL ETHER | | | | | | | | | | | |
| BUTYL BENZYL PHTHALATE | | | | | | | | | | | |
| 2-CHLORONAPHTHALENE | | | | | | | | | | | |
| 4-CHLORPHENYL PHENYL ETHER | | | | | | | | | | | |
| CHRYSENE | | | | | | | | | | | |
| DI-N-BUTYL PHTHALATE | | | | | | | | | | | |
| DI-N-OCTYL PHTHALATE | | | | | | | | | | | |
| DIBENZO(A,H) ANTHRACENE | | | | | | | | | | | |
| 1,2-DICHLOROBENZENE | | | | | | | | | | | |
| 1,3-DICHLOROBENZENE | | | | | | | | | | | |
| 1,4-DICHLOROBENZENE | | | | | | | | | | | |
| 3,3-DICHLOROBENZIDINE | | | | | | | | | | | |
| DIETHYL PHTHALATE | | | | | | | | | | | |
| DIMETHYL PHTHALATE | | | | | | | | | | | |
| 2,4-DINITROTOLUENE | | | | | | | | | | | |
| 2,6-DINITROTOLUENE | | | | | | | | | | | |
| 1,2-DIPHENYLHYDRAZINE | | | | | | | | | | | |

**FACILITY NAME AND PERMIT NUMBER:**

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | | ANALYTICAL METHOD | ML/ MDL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | Number of Samples | | |
| FLUORANTHENE | | | | | | | | | | | |
| FLUORENE | | | | | | | | | | | |
| HEXACHLOROBENZENE | | | | | | | | | | | |
| HEXACHLOROBUTADIENE | | | | | | | | | | | |
| HEXACHLOROCYCLO-PENTADIENE | | | | | | | | | | | |
| HEXACHLOROETHANE | | | | | | | | | | | |
| INDENO(1,2,3-CD)PYRENE | | | | | | | | | | | |
| ISOPHORONE | | | | | | | | | | | |
| NAPHTHALENE | | | | | | | | | | | |
| NITROBENZENE | | | | | | | | | | | |
| N-NITROSODI-N-PROPYLAMINE | | | | | | | | | | | |
| N-NITROSODI- METHYLAMINE | | | | | | | | | | | |
| N-NITROSODI-PHENYLAMINE | | | | | | | | | | | |
| PHENANTHRENE | | | | | | | | | | | |
| PYRENE | | | | | | | | | | | |
| 1,2,4-TRICHLOROBENZENE | | | | | | | | | | | |
| Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer. | | | | | | | | | | | |
| | | | | | | | | | | | |

**END OF PART D.**
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

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# SUPPLEMENTAL APPLICATION INFORMATION

## PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

**E.1. Required Tests.**

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

| | Test number:_____ | Test number:_____ | Test number:_____ |
|---|---|---|---|
| a. Test information. | | | |
| Test species & test method number | | | |
| Age at initiation of test | | | |
| Outfall number | | | |
| Dates sample collected | | | |
| Date test started | | | |
| Duration | | | |
| b. Give toxicity test methods followed. | | | |
| Manual title | | | |
| Edition number and year of publication | | | |
| Page number(s) | | | |
| c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used. | | | |
| 24-Hour composite | | | |
| Grab | | | |
| d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each) | | | |
| Before disinfection | | | |
| After disinfection | | | |
| After dechlorination | | | |

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| | Test number:_____ | Test number:_____ | Test number:_____ |
|---|---|---|---|
| e. Describe the point in the treatment process at which the sample was collected. | | | |
| Sample was collected: | | | |
| f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both. | | | |
| Chronic toxicity | | | |
| Acute toxicity | | | |
| g. Provide the type of test performed. | | | |
| Static | | | |
| Static-renewal | | | |
| Flow-through | | | |
| h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. | | | |
| Laboratory water | | | |
| Receiving water | | | |
| i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. | | | |
| Fresh water | | | |
| Salt water | | | |
| j. Give the percentage effluent used for all concentrations in the test series. | | | |
| | | | |
| | | | |
| | | | |
| k. Parameters measured during the test. (State whether parameter meets test method specifications) | | | |
| pH | | | |
| Salinity | | | |
| Temperature | | | |
| Ammonia | | | |
| Dissolved oxygen | | | |
| l. Test Results. | | | |
| Acute: | | | |
| Percent survival in 100% effluent | % | % | % |
| $LC_{50}$ | | | |
| 95% C.I. | % | % | % |
| Control percent survival | % | % | % |
| Other (describe) | | | |

| Chronic: | | | |
|---|---|---|---|
| NOEC | % | % | % |
| $IC_{25}$ | % | % | % |
| Control percent survival | % | % | % |
| Other (describe) | | | |

m. Quality Control/Quality Assurance.

| | | | |
|---|---|---|---|
| Is reference toxicant data available? | | | |
| Was reference toxicant test within acceptable bounds? | | | |
| What date was reference toxicant test run (MM/DD/YYYY)? | | | |
| Other (describe) | | | |

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

_____

_____

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

**END OF PART E.**
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:

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# SUPPLEMENTAL APPLICATION INFORMATION

## PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

**All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.**

### GENERAL INFORMATION:

**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

____Yes____No

**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

### SIGNIFICANT INDUSTRIAL USER INFORMATION:

**Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.**

**F.3. Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

**F.4. Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

**F.5. Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

**F.6. Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (____continuous or _____intermittent)

**F.7. Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ____No

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes____No If yes, describe each episode.

_____

_____

## RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

| EPA Hazardous Waste Number | Amount | Units |
|---|---|---|
| | | |
| | | |
| | | |

## CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

**END OF PART F.**
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

# SUPPLEMENTAL APPLICATION INFORMATION

## PART G. COMBINED SEWER SYSTEMS

**If the treatment works has a combined sewer system, complete Part G.**

**G.1. System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

**G.2. System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

### CSO OUTFALLS:

**Complete questions G.3 through G.6 once for each CSO discharge point.**

**G.3. Description of Outfall.**

a. Outfall number _____

b. Location

_____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

**G.4. CSO Events.**

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

**G.5. Description of Receiving Waters.**

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

**G.6. CSO Operations.**

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

**END OF PART G.**
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**